

Stanislaus County Behavioral Health & Recovery Services  
*A Mental Health, Alcohol and Drug Service Organization*

# MHSA NEWSLETTER

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*...a newsletter to share information about Stanislaus County's Mental Health Services Act (MHSA) programs with staff, consumers, stakeholders, other county departments and the community at large.*

## Families Together

By Rhonda Parker, Families Together Coordinator

The Family Partnership Center (FPC), located at 421 E. Morris Avenue in Modesto, is a four-program collaborative providing a variety of supportive services for children and their families. The Family Partnership Center houses four programs: BHRS Kinship Support Services Program (KSSP), Community Services Agency Kinship Program, BHRS Parent Partnership Project (PPP), and BHRS Family Partnership Mental Health Team. We also partner with various community-based organizations, including Sierra Vista Child and Family Services, Center for Human Services, Girl Scouts, Al-Anon, Public Health, and Modesto Junior College as part of our efforts to provide one-stop shopping for families. Our MHSA General System Development (GSD) funding provides for expanded services to families under the working program name of "Families Together".

On just about any given day, the Family Partnership Center is a hub of activity. As part of our ongoing commitment to provide "...a caring place for today's families", we strive to create an atmosphere of learning, fun, creativity, support, and empowerment. FPC is a place where families can come to meet with others, to share strategies for dealing with life's challenges, to learn new skills, and to focus on wellbeing. A core value of FPC is the provision of peer support services to families experiencing challenges raising children with emotional or behavioral needs, and kin families, in which grandparents and other kin caregivers are parenting relative children. Services include one-to-one support, support groups, mental health and educational (IEP) advocacy, community resource linkage, social/recreational activities, and respite. The overarching goal is to empower parents and caregivers to continue toward an improved life situation.

For some, getting here is harder than for others. As a young, single mom raising three young boys all diagnosed with ADHD, Maria (not her real name) experienced many challenges. Her children had multiple school and behavior problems. She has never driven, and has no other transportation. She spoke almost no English, and had very limited income. Because of these challenges, Maria experienced isolation on many levels, and generally felt alone and overwhelmed. A CSOC clinician working with one of the children recognized that Maria was in need of support, and referred her to the FPC. More needs became evident.

Because of language and transportation barriers, it was difficult for Maria to manage medical, mental health, and medication appointments for herself and the three boys. As a result, service access was inconsistent, causing additional service gaps and delays. Important medical and mental health appointments for Maria were on hold indefinitely until transportation could be worked out. As a single parent with multiple challenges, no transportation, and limited income, it didn't even occur to Maria to think of family fun or social activities.

Today, Maria is an active participant at the Family Partnership Center. Every Wednesday, her Parent Advocate picks her up and brings her to the Spanish language support group where she seeks support, and has valuable opportunities to share with others. With language and transportation assistance, and the support and encouragement of her Parent Advocate, Maria has made medical and mental health appointments for herself and the three boys. With a little support, she will be able to manage the ongoing appointment transportation. Maria now manages several transportation options so she can attend school meetings and can occasionally visit Family Partnership Center. Favorite activities include the Clothes Line and free family fun and social events here at the Center, such as the monthly Movie Night. In June, FPC transported the family to a recent FPC Family Picnic ... a first for Maria, who had never attended a picnic! Between home visits, phone calls, and the groups and events here at the Center, Maria now calls often to see "what's going on today", and recently told her Parent Advocate, "I feel like I belong somewhere now."

The MHSA-CSS (Communicate, Share and Support) Meeting is held the 4th Monday of each month at 10:00 a.m. in the Redwood Room, 800 Scenic Drive.

## How about a job?

By Mike Wilson, M.S., Coordinator, Integrated Forensic Team

Perhaps you have been in jail a few months, or just a couple days in jail after spending a year in a State Hospital. Maybe it is a toss up where you spend the most time – jail or behavioral center. Many things are impacted by such a situation. Benefits are cut off, residences are lost, just to name two things that impact many other things: getting medications, being reopened to a service provider, money for rent, food or even having clothes other than a single outfit of institutional clothes.

Another aspect to contend with might be strangers evaluating you for a psychiatric admit, board and care placement, or being more concerned with what medications you have versus where you are staying. It may be that you expect this, that it has happened over and over. So back to just getting out of jail.

First consider that there is a chance you could be returned to the community and no one knows you are back... We'll assume someone knows and is offering to help. What if they wanted to know if you wanted to work? That they believed you were capable and were extending services to assist you in that pursuit. Don't feel ready? Well, have you thought about living on your own? Don't feel ready? They offer support, offer training and assistance, and really want you to think about trying it. Getting your own place, and then maybe, how about a job?

The Integrated Forensic Team strives to be an Assertive Community Treatment (ACT) team. Small caseloads, team approach, a variety of services or access to services, frequent contacts, 24/7 coverage, just to name a few of the ACT elements. While these elements are crucial, the essential elements revolve around hope, resilience, recovery, and the ability of staff to communicate and carry this message on a daily basis.

I was going to pick an example of the above. Of someone who had been homeless for years and now has his or her own place, someone else who went from nearly the highest level of care (State Hospital) into an apartment. Or perhaps the individual who had it, lost it, was offered it again and now has it. I shouldn't forget the individual who could never complete those classes much less get there and is now doing it on their own. And jobs, yes, that too. It was becoming difficult to pick a success story. I then realized it was because I was losing track of the success stories and that is such a good thing!

*If you have questions or suggestions regarding MHSA, please forward them by I.D. mail or email to:*

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## Help First NOT Fail First The Essence of Prevention/ Early Intervention

By Karen Hurley, MHSA Coordinator

The presence of Prevention/Early Intervention as a separate component of the Mental Health Services Act represents the biggest change in mental health planning and funding that has occurred in twenty years.

As a brand new part of our system, this component of MHSA has the greatest potential to reduce the costs related to longer term mental health treatment, special education, welfare supports and criminal justice system.

Prevention/Early Intervention works by addressing a core set of risk factors that target initial onset of mental health problems. Potential multiple negative outcomes can be dramatically reduced for all age groups.

The populations that are prioritized in this component of MHSA are:

- Underserved cultural populations, all ages
- Individuals experiencing onset of serious psychiatric illness, all ages
- Children/youth in stressed families
- Trauma-exposed, all ages
- Children/youth at risk for school failure
- Children/youth at risk of Juvenile Justice involvement

Counties will determine local priorities by conducting a community stakeholder process. In Stanislaus County this process will begin in 2007. There is a state-run effort in this component that will address suicide prevention as well as stigma and discrimination reduction.

MHSA's Prevention/Early Intervention component is the driving force of transformation of the system from Fail First to Help First!



On May 7, 2007 Performance Measurement and Carol Jo Hargreaves began distributing weekly e-mail PAF Discrepancy Reports to FSP programs (IFT, Westside SHOP, JJ-TSP, SART, and H/MHT). This report was designed to assist programs in turning in PAF's on cases that have been open in Insyst 30 days or more.

Since the May 7, 2007, reporting began the number of PAF Discrepancies has significantly decreased by 85%. **Kudos to all FSP programs for working to reduce these numbers and turn in PAFs timely!! Keep up the great work!**